

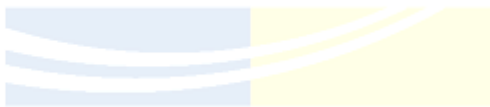


## MedStar Family Choice

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

National Lifeline Eligibility Verifier:

This letter confirms that \_\_\_\_ [Member Name] \_\_\_\_ or a member of \_\_\_\_ [Member Name] \_\_\_\_'s household is enrolled in Medicaid and receives medical care services through \_\_\_\_ [Health Plan Name] \_\_\_\_.



Eligibility date:

Medicaid Identification number:

Knowledge and Compassion  
**Focused on You**